

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-475)

10/553239

Serial No. FILING DATE
Applicant(s)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | | | | | 51 | | | | | | |
| 2 | | / | | | | | 52 | | | | | | |
| 3 | | / | | | | | 53 | | | | | | |
| 4 | | / | | | | | 54 | | | | | | |
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| 6 | | | | | | | 56 | | | | | | |
| 7 | | | | | | | 57 | | | | | | |
| 8 | | | | | | | 58 | | | | | | |
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| 25 | | | | | | | 75 | | | | | | |
| 26 | | | | | | | 76 | | | | | | |
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| 28 | | | | | | | 78 | | | | | | |
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| 37 | | | | | | | 87 | | | | | | |
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| 39 | | | | | | | 89 | | | | | | |
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| 41 | | | | | | | 91 | | | | | | |
| 42 | | | | | | | 92 | | | | | | |
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| 47 | | | | | | | 97 | | | | | | |
| 48 | | | | | | | 98 | | | | | | |
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| 50 | | | | | | | 100 | | | | | | |
| TOTAL IND. | 1 | ↓ | | ↓ | | ↓ | TOTAL IND. | ↓ | | ↓ | | ↓ | |
| TOTAL DEP. | 4 | ← | | ← | | ← | TOTAL DEP. | ← | | ← | | ← | |
| TOTAL CLAIMS | 5 | | | | | | TOTAL CLAIMS | | | | | | |

PTO-475 (REV. 9-83)

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